FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform	mation																
1. Name and Mailing Address	s of Re	espondent															
Westside Paging,Inc. 618 West Market Aberdeen, WA. 98520														Check here if this is a change of address.			
Year Report Filed			3. Reporting	Period (End	fing Date of P	ay		4. Number	of Full-Time En	nployees du	aring Selected						
2016				h 31, 20				Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)									
SECTION II - Full-Time Emp	oloyee	s,															
Job Categories			Number of Employees (Report employees in only one category)														
				(C)					Race/Ethnicity								
			anic or afino						Not-Hispani	c or Latino						Total	
			10110			Ma	ile		20 Fra	Female						Columns A - N	
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-14	
		А	В	С	D	E	F	G	н	1	J	к	L	м	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	.7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11															0	

Job Categories		Number of Employees (Report employees in only one category)														
									Race/Ethnicity							
		Hispanic or Latino		Not-Hispanic or Latino												
				Male								Fen	Female			
		Male	Female B	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N
Executive/Senior Level Officials and Managers	1,1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8												i i			0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0
SECTION IV - Report of Discri	minat	ion Comp	laints Pursua	nt to 47 CFF	22.321, 23.5	5, 90.168, 101	.4, and 101.	311.	-							
This is to advise the company before an This is to advise the (Attach a list indical	y bod e Corr	ly having co nmission th	ompetent juris at the followin	diction in suc g complaints	h matters dur alleging viola	ing the calendations of the pro	r year cover	red by this rep ny equal emplo	ort. Syment opports	unity statute	have been file	ed against this	company.			
SECTION V - Certification I certify that to the best of my kn	owled	lge, inform	ation, and belie	ef, all stateme	ents in this re	port are true an	d correct.									
Date /	yped	or Printed	Name of Person	on Signing	Signature Telephone N											
1110111	Chr	ristina	Styner			FULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR I							(360) 580-7771			
Title of Person Signing President					WILLFULLY	FALSE STATE ATION LICENS	MENTS MA	DE ON THIS	FORM ARE P	UNISHABLE	BY FINE AN	D/OR IMPRIS	ONMENT (1	8 U.S.C. 1001	AND/OR RE	VOCATION